| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235450 | A. Building<br>B. Wing | 02/12/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Allendale Nursing and Rehabilitation Community | 11007 Radcliff Drive<br>Allendale, MI 49401 |

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| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to implement ordered safety precautions for two (Resident #43 and Resident #41) of three residents reviewed for accidents, resulting in Resident #43 eating meals unsupervised, choking and aspirating, and requiring emergency medical attention and hospitalization. Findings: Resident #43 (R43)Review of a Face Sheet revealed R43 was a [AGE] year-old female, last readmitted to the facility on [DATE] following hospitalization for a stroke that caused dominant (right sided) facial, arm, and leg weakness and paralysis. R43 depended on staff to meet all of her daily needs. Review of a Speech Language Therapy Evaluation for R43, completed 02/02/26, recommended 1:1 staff assistance for safety during all meals due to reduced oral motor skills and overt signs and symptoms of aspiration.Review of a Therapy Communication form dated 02/04/26, revealed the following safety recommendations for R43: please provide 1:1 assist with all feeding due to intermittent physical assist needed, aspiration risk, and decreased sensation on right side of resident's face. Required for safety.During an observation on 02/10/2026 at 9:11 AM, R43 sat up in bed and ate breakfast without staff supervision. During an observation on 02/10/26 at 1:09 PM, R43 sat up in bed eating lunch without staff supervision and the call light was out of reach and out of sight. During an observation on 02/10/26 at 1:29 PM, R43's lunch tray, that sat on the collection cart near the bistro, contained a half-eaten portion of goulash, a completely consumed piece of chocolate cake, and untouched carrots (R3's meal ticket lists carrots as a dislike). During an interview on 02/10/26 at 1:30 PM, Certified Nurse Aide (CENA) E reported removing the lunch tray from R43's room when she realized that staff were not in there to supervise the meal. CENA E also stated that R43 indicated that she was having chest pain and CENA E notified Licensed Practical Nurse (LPN) F of this concern. During an interview on 02/10/26 at 1:31 PM, LPN F completed preparation for R43's medication pass and when asked if LPN F was aware that R43 had reported to CENA E that she was having chest pain, LPN F stated yes and that's pretty normal for her (R43). During an observation on 02/10/26 at 1:32 PM, LPN F, CENA D and this surveyor entered R43's room. R43 was crying, indicated that yes she was having chest pain, was red in the face, and appeared anxious. LPN F attempted to obtain a blood pressure and oral temperature from R43, and the resident could not tolerate the cuff inflating. During an observation on 02/10/26 at 1:39 PM, LPN F administered R43's medications crushed in pudding. R43 began to choke and cough and vomited unchewed elbow noodles and dice sized tomatoes from the goulash and dark brown liquid. LPN F commented that she thought R43 had aspirated and will need a chest x-ray. LPN F did not auscultate (listen to) R43's lung sounds.During an interview on 02/10/26 at 1:45 PM, CENA D stated that she had brought R43's lunch tray to the room and placed it on the over-bed table. When asked why she did not stay with R43 once the meal tray was placed in front of her, CENA D indicated that she was helping another resident finish their meal and was going to return to R43 once she had finished assisting the other resident. CENA D acknowledged knowing that R43 required 1:1 assistance with all meals.During an interview on 02/10/26 at 4:45 PM, Registered Nurse P stated she had assessed R43 and found abnormal lung sounds as well as elevated blood pressure, pulse and respirations. RN P prepared to<br>(continued on next page) |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | send R43 to the emergency department.Review of a Hospitalist Progress Note dated 02/11/26 reflected.(R43) patient presenting with severe sepsis and mild hypoxia (low blood oxygen level) after questionable aspiration event at her subacute rehab facility.updated CXR (chest x-ray) this morning shows LLL (left lower lobe of the lungs) airspace disease, possible aspiration.Resident #41 (R41) Review of a Face Sheet revealed R41 was a [AGE] year-old male, admitted to the facility on [DATE], with pertinent diagnoses of Parkinson's disease, cognitive communication deficit, and muscle weakness. During an observation on 02/10/26 at 9:00 AM, R41 sat in a chair eating breakfast. R41 drank hot coffee from a cup without a lid and did not have a clothing protector on. Review of a meal ticket that sat on the breakfast tray indicated that R41 should have a lid with all hot liquids and a clothing protector on. Review of a quarterly Hot Food/Liquid assessment dated [DATE] revealed that as a safety care plan intervention, R41 was to have a cup with a lid for hot liquids to reduce the risk of burns. The previously completed quarterly Hot Food/Liquid assessment dated [DATE] and not completed timely every 4 months, revealed the safety interventions of R41's use of a cup with lid and clothing protector over lap and chest. |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observation, interview, and record review, the facility failed to maintain best practices in the food service area resulting in the potential to spread food borne illness to all residents that consume food from the kitchen. Findings Include:During an observation beginning on 2/9/2026 at 8:30 AM, the door to the kitchen at the facility was observed open from a dining room. No staff were present in the kitchen at this time. Hair nets were not present at the entrance of the kitchen above a handwashing sink. Dirty dishes and scraps of food were noted on a two-shelf cart and on a dining room table outside the kitchen.<br><br>During the initial kitchen tour starting on 2/9/2026 the following were observed:The microwave oven was opened and dried food debris were noted within the microwave and on the inside of the microwave door.<br><br>According to the 2022 FDA Food Code section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) Nonfood-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.<br><br>-A 4-quart container with an unknown soup with large drops of condensation noted on the clear lid of the container (indication of the food being covered while still hot) was noted without a label or a date to indicate what the food is and when the food was stored and when it should be discarded. -A turkey sandwich wrapped in plastic was found without a label or a date. -A large bag of iceburg lettuce was open to air (not sealed or closed) on the bottom shelf of the reach in cooler, without a label or a date indicating when the produce was opened and when it needed to be discarded. -A package of lunch meat that had been opened was not labeled or dated.-A large pan of pasta with red sauce was noted on the bottom shelf of the reach in cooler, covered in clear plastic wrap. The pasta had portions removed and indicated the food had been served and was left over from a previous meal. The pan of food did not have a label or a date on it.-A large bag of pepperoni was observed to have been opened, no label or date were observed on the packaging.-A container of sour cream was observed in the reach in cooler and had expired on 2/7/2026.-Frozen ground beef patties were open to air in plastic bag not closed, within the reach in freezer. No label or date was noted on the packaging. -5 large bags of dry cereal were observed opened and without a label or date on them in the dry storage area.<br><br>During an observation on 2/9/2026 at 8:50 AM of the reach in refrigerator in the main dining room serving area, the following were noted:-A full tray of fruit cups was noted uncovered and without a label or date. According to [NAME] G, the fruit cups had not been prepared that morning and she was not sure when they had been placed in the refrigerator. -A plastic grocery bag containing a plastic storage container with unknown food was stored in the refrigerator without a label or date on the plastic bag or contents. [NAME] G said the bag must be resident or staff food. A sign on the outside of the refrigerator indicated that no resident or staff food or drinks were to be stored in that refrigerator.-Applesauce portioned into plastic containers were covered with plastic wrap, no label or date were noted on the apple sauce.<br><br>During an interview on 2/9/2026 at 9:00 AM, Food Service Director (FSD) H reported the food observed in the 4-quart container was a minestrone soup from the week before. FSD H said he did not<br>(continued on next page) |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | have cooling logs for the soup or the large pan of pasta, which had been served two days prior. FSD H indicated the foods should be covered or closed, labeled and dated according to policy. FSD H also reported the facility tries not to prepare excess quantity of food to avoid having leftovers and indicated the facility does NOT implement cooling procedures.<br><br>Review of a facility policy Food Production Guideline revised 1/2025 reflected Safe and sanitary handling of food will be employed during food production. 6. Leftovers must be dated, labeled, covered and immediately refrigerated or frozen for later use. If refrigerated, they will be used within 48 hours and/or follow State Food Code guidelines by use by date. 7. Food prepared in advance must be covered, dated and refrigerated. This excludes foods portioned just before service.<br><br>Review of a facility policy Storage procedures revised 1/2025 reflected Food shall be properly stored to preserve flavor, nutritive value, and appearance. 5. Opened packages are to be stored in closed containers, labeled, with open date and use by date clearly visible. 6. Dry bulk foods are to be stored in plastic containers with tight covers, or bins which are easily sanitized. The container should be clearly labeled. 9. Food waste should be properly disposed. a. A garbage disposal provides a means of waste elimination. B. Garbage cans with liners and tight-fitting lids are available. These cans are cleaned on a regular basis.4. Hot foods to be refrigerated are to be placed in shallow pans to permit rapid cooling. Follow cooling HACCP (Hazard Analysis Critical Control Point) guidelines. 11. Leftovers are refrigerated immediately and used within 5-7 days with a use-by date clearly marked. Staff will follow Food Code Requirements for storage and dating. 12. All foods in the freezer are to be wrapped in moisture proof wrapping or placed in suitable containers, to prevent freezer burn. They are to be labeled and dated with use-by dates clearly marked. Refer to Food Storage guideline chart.<br><br>According to the 2022 FDA Food Code section 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TOEAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5ºC (41ºF) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. (B) Except as specified in (E) -(G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; and (2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety .<br><br>On 02/10/2026 at 9:45AM, observed in the kitchen at the stainless-steel dirty side table of the dishwasher set up, foam used for caulking felt spongy and can absorb water. The foam was an expanding foam used to close the gap between the wall and the table.<br><br>On 02/10/2026 at 10:10AM, the clean dish side of the dishwasher set up had gaps in caulking at the back of the table allowing openings in the caulk that cannot be easily cleaned.<br><br>According to the 2022 FDA Food Code section 6-101.11 Surface Characteristics. (A) Except as<br>(continued on next page) |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | specified in ¶ (B) of this section, materials for indoor floor, wall, and ceiling surfaces under conditions of normal use shall be: (1) SMOOTH, durable, and EASILY CLEANABLE for areas where FOOD ESTABLISHMENT operations are conducted; (2) Closely woven and EASILY CLEANABLE carpet for carpeted areas; and (3) Nonabsorbent for areas subject to moisture such as FOOD preparation areas, walk-in refrigerators, WAREWASHING areas, toilet rooms, mobile FOOD ESTABLISHMENT SERVICING AREAS, and areas subject to flushing or spray cleaning methods. On 02/10/2026 at 9:49AM, observed food debris, crumbs, dried greens, and a twist tie, at the back of the bakers table, behind a peanut butter jar and spice containers.<br><br>On 02/10/2026 at 10:08AM, observed food crumbs in the dry basin of the steam well in the kitchen. During this observation, Foodservice Director (FD) R said the dietary staff plate and serve food out of the Bistro serving area and primarily use the kitchen for food preparation and cleaning only, at this time.<br><br>According to the 2022 FDA Food Code section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.<br><br>On 02/09/2026 at 10:15AM, condensation was observed in several of the double walled water pass cups that had been washed and were sitting in cup racks drying. The condensation was in the space between the double walls of the cups. At time of the observation, FD R was asked if this was regularly occurring and if the condensation evaporated after air drying was complete, FD R was unsure if the condensation evaporated after drying but did not see the condensation as unusual for these water pass cups.<br><br>On 02/10/2026 at 1:20PM, FD R brought a double walled water cup to the conference room. FD R had run the unused water cup, that was brought out of backstock on 02/10/2026, through the dishwasher and there was no condensation accumulated between the walls. FD R was unable to determine when the water cups began to accumulate condensation since it does not appear to be immediate.<br><br>On 02/10/2026 at 1:25PM, double walled water pass cups, washed during the AM shift, were observed with retained liquid from condensation between the double walls.<br><br>Review of manufacturer's site indicates the double walled water cups are not intended to be washed in a commercial dishwasher. Rated only for washing on top rack of dishwasher.<br><br>According to the 2022 FDA Food Code section 4-101.11 Characteristics. Materials that are used in the construction of UTENSILS and FOOD-CONTACT SURFACES of EQUIPMENT may not allow the migration of deleterious substances or impart colors, odors, or tastes to FOOD and under normal use conditions shall be: P (A) Safe; P (B) Durable, CORROSION-RESISTANT, and nonabsorbent; (C) Sufficient in weight and thickness to withstand repeated WAREWASHING; (D) Finished to have a SMOOTH, EASILY CLEANABLE surface; and (E) Resistant to pitting, chipping, crazing, scratching, scoring, distortion, and decomposition. |

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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure services provided by the nursing facility meet professional standards of quality.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow physician ordered parameters for one resident (Resident #42) and failed to follow professional standards and facility policy for narcotic accounting for one resident (Resident #50) of four residents reviewed. Findings:Resident #42 (R42)<br><br>Review of a Face Sheet revealed R42 was a [AGE] year-old male, last readmitted to the facility on [DATE], with pertinent diagnoses of orthostatic hypotension (low blood pressure when changing position), diabetes, high blood pressure, muscle weakness and lack of coordination.<br><br>Review of an Emar (electronic medication administration record) reflected an order for R42 to take Midodrine 10 mg (milligrams) three times daily with ordered parameters of: hold medication if systolic blood pressure (top number) is greater than 130. Further review of the Emar dated February 2026 reflected that the medication Midodrine was given outside physician ordered parameters on (a) 2/6/26 at 8:00 AM BP (blood pressure) was 145/68, (b) 2/6/26 at Noon BP was140/65, (c) 2/2/26 at 5:00 PM BP was 140/64, and (d) 2/7/26 at 5:00 PM BP was 157/70.<br><br>Review of an Emar reflected an order for R42 to take Midodrine 10 mg (milligrams) three times daily with ordered parameters of: hold medication if systolic blood pressure (top number) is greater than 120 (these parameters ordered from 12/23/25 to 1/5/26). Additional parameters ordered starting 01/05/26 of: hold medication if systolic blood pressure is greater than 130. Further review of the Emar dated January 2026 reflected that the medication Midodrine was given outside physician ordered parameters on (a) 1/1/26 at Noon BP was 128/64, (b) 1/1/26 at 5:00 PM BP was 128/64, (c) 1/4/26 at 5:00 PM BP was 161/70, (d) 1/8/26 at Noon BP was 134/70, (e) 1/13/26 at Noon BP was 147/64, (f) 1/25/26 at Noon BP was 136/78, (g) 1/26/26 at 8:00 AM BP was 150/66, (h) 1/26/26 at Noon BP was 152/70, and (i) 1/30/26 at 8:00 AM BP was 138/60.<br><br>During an interview on 2/12/26 at 9:42 AM, the Director of Nursing indicated that the accepted standard of practice was for all nurses to follow physician ordered medication parameters.<br><br>During an observation on 2/10/2026 at 6:46 AM, during a shift change narcotic count with Registered Nurse (RN) M and RN J , RN J was observed documenting the removal of two doses of Morphine Sulf (Sulfate) 20mg (milligrams)/ml (milliliter) soln (solution) 100 mg/5ml Give 0.25ml (5mg) PO (orally)/SL (sublingual, under the tongue) every 3HR (3hours) as needed for moderate/severe pain, trouble breathing, agitation, or restlessness for Resident 50 (R50). RN J said that when she pulled a dose at midnight and again at 6:00 AM for R50, she did not verify the quantity of narcotic in the container or document the removal of doses on the Controlled Substances Proof of Use form according to policy.<br><br>Review of the Controlled Substance Proof of Use form for R50 reflected Every dose must be accounted for on this form. If dose is contaminated, lost, broken, or refused enter the information under comments. The bottom of the form indicated Important: The nurse who signs this record must also sign the separate medication administration record for each dose given.<br><br>Review of a facility policy Medication Administration Procedures dated 4/2020, reflects D. Charting . 2. Sign out narcotics when removed from narc (narcotic) box and then after administration. |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.<br><br>Based on observation, interview, and record review, the facility failed to secure three of four medication carts and properly store a medication pass supplement. Findings:During an observation on 02/09/26 at 8:47 AM the 200-hall low side medication cart sat unlocked and unattended by nursing staff. A glargine insulin pen for resident #42 was not dated and was opened. Six loose unidentified pills were found in the bottom of the second drawer. Registered Nurse (RN) B returned to the cart at 8:56 AM.<br><br>During an observation on 2/10/2026 at 6:10 AM, the main 100 Hall medication cart and the split 100 Hall medication cart were observed unlocked and unattended by a licensed nurse.<br><br>During an interview on 2/20/2026 at 6:20 AM, Registered Nurse (RN) J reported that she was responsible for both medication carts and knew that they should have been locked when unattended.<br><br>During an observation on 2/10/2026 at 6:30 AM, RN J prepared a dose of an as needed narcotic medication for a resident. Upon completion of the medication preparation, RN J closed the drawer to the medication cart and proceeded to the resident room for administration of the medication. RN J did not lock the medication cart prior to leaving the cart unattended while administering the medication.<br><br>During an observation of the 100 Hall medication storage room on 2/10/2026 at 6:45 AM, RN J unlocked the medication refrigerator in the medication storage room. An open container of a medication pass supplement was observed on the top shelf of the medication refrigerator.<br><br>Review of the facility policy Maintenance of Medication Storage Areas dated 4/2020 reflected Cart security is maintained during entire med pass. The policy also specified, Med Room . 2. Opened food/juice must be covered and dated when put into a refrigerator must be used in 48 hours or per manufacturer's recommendation. Food/fluids are to be stored in a separate refrigerator from medications. |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to utilize enhanced barrier precautions for 2 residents (R13 and R27), perform appropriate hand hygiene during care for one resident (R27), and provide a cleanable wheelchair for one resident (R20), of 3 residents reviewed for infection control.Findings include:Resident #13 (R13)<br><br>Review of a Face Sheet revealed R13 admitted to the facility on [DATE] with pertinent diagnoses of pressure ulcers.<br><br>During an observation and an interview on 2/9/26 at 11:48 AM, Licensed Practical Nurse (LPN) C was in R13's room providing dressing changes to his pressure ulcers. Outside the room there was a sign posted for staff to use Enhanced Barrier Precautions (EBP) when providing care. The EBP included the use of a gown and gloves. LPN C was observed with no gown on. When LPN C was done with R13's dressing change, a Certified Nursing Assistant (CNA) entered the room without a gown on to assist R13 with incontinence care.<br><br>When LPN C was completed with his dressing change, LPN C reported he should have donned with a gown for wound care and the CNA who entered the room for incontinence care should have donned with the appropriate PPE (persona protective equipment) as well.<br><br>During an interview on 2/11/26 at 1:22 PM, the Director of Nursing (DON) reported staff get educated all the time on infection control practices and the staff should have known to wear the appropriate PPE in rooms that require EBP.<br><br>Resident #20 (R20)<br><br>During an observation on 2/9/26 at 12:39 PM, R20 was observed sitting in his wheelchair and the arms of the wheelchair had the vinyl covering torn and tattered exposing the underlying fabric that is not cleanable.<br><br>In an interview on 2/11/26 at 1:22 PM, the Director of Nursing (DON) reported she briefly heard about R20's wheelchair arms being replaced a couple weeks ago. The DON reported that R20 had OCD (obsessive compulsive disorder) and does like to pick at things. The DON verified the arms on the wheelchair are not a cleanable surface and reported the facility already has new wheelchair arms on order.<br><br>R27Review of a Minimum Data Set (MDS) comprehensive assessment dated [DATE] reflected R27 admitted to the facility on [DATE] with diagnoses that included a history of stoke. R27 was cognitively intact as evidenced by a Brief Interview for Mental Status assessment score of 13/15 and required supervision and touching assistance for toileting hygiene and bathing.<br><br>During an observation on 2/9/2026 at 10:45 AM, a sign outside R27's room indicated that R27 and the roommate were both in Enhanced Barrier Precautions.<br><br>During an observation on 2/9/2026 at 10:55 AM, Certified Nurse Aide (CNA) N entered the room with washcloths and towels, donned gloves and proceeded to prepare a basin of water to give R27 a bed bath. CNA N did not don a gown for the procedure. CNA N applied a shower cap, removed the top sheet (continued on next page) |

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| | 235450 | A. Building<br>B. Wing | 02/12/2026 |

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| Allendale Nursing and Rehabilitation Community | 11007 Radcliff Drive<br>Allendale, MI 49401 |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | from R27, unfastened R27's brief and proceeded to provide incontinence care, washing the perinium. CNA N wiped over the shaft of R27's penis but did not clean under the penis or scrotum. CNA N did not change soiled gloves before removing R27's nasal cannula (supplemental oxygen) and t-shirt. CNA N then got warmer water in the wash basin, changing gloves at this time but did not perform hand hygiene before doing so. R27 was noted to have a wound on his chest covered with a bandage dated 2/6/26. CNA N proceeded with the bed bath, moving to R27's feet. R27 had a large area of eschar on his left heel, a small open area noted inside the wound. CNA N did not change gloves or perform hand hygiene before removing R27's shower cap and running her soiled, gloved hands through R27's hair. CNA N then obtained a comb from R27's personal items and combed R27's hair. CNA N applied a clean brief to R27, gathered the supplies and soiled linens with soiled gloves, touching personal items and bed controls then left the room to get help with completing a bed linen change.<br><br>During an observation on 2/9/2026 at 11:20 AM, CNA N and CNA O entered R27's room. Neither CNA donned a gown despite R27 requiring Enhanced Barrier Precautions. CNA N and CNA O turned and repositioned R27, removing soiled linens and applying clean linens.<br><br>During an interview on 2/11/2026 at 11:00 AM, the Director of Nursing (DON)/Infection Preventionist (IP) reported it was her expectation that staff perform appropriate hand hygiene and glove use and implement Enhanced Barrier Precautions (EBP) for residents who require it.<br><br>Review of a facility policy Enhanced Barrier Precautions last reviewed 1/2025 reflected It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. The policy specified that staff don appropriate Personal Protective Equipment (PPE) (gown, gloves and face protection in the event a splash is anticipated) when performing high-contact care activities. High contact care activities include dressing, bathing, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, direct care or use of central lines, catheters, feeding tubes, tracheostomy/ventilator tubes etc. and wound care.<br><br>Review of a facility policy Hand Washing/Hand Hygiene last reviewed 1/2025 reflected Practicing Hand Hygiene is a simple effective way to prevent infections by preventing the spread of germs. The policy specified that hand hygiene should be performed After removing gloves or other personal protective equipment. |

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| F 0921<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to maintain general cleanliness and repair of the facility, resulting in an increased potential for contamination and a possible decrease in satisfaction of living for residents. Findings Include:On 02/09/26 at 12:40PM, the following was observed in the spa shower room across from room [ROOM NUMBER]: (a) a bag of soiled linens laid on the floor, (b) fecal matter was smeared on the blue shower chair, and (c) fecal matter sat on one of the shower chair legs.On 02/10/2026 at 2:25PM, observed particle board shelving in the janitor closet next to the housekeeping office had peeling laminate, swelling of particleboard and a mold-like in appearance growth on the exposed particleboard. At time of observation Maintenance Director (MD) S indicated he was unaware of shelving damage. On 02/10/2026 at 2:26PM, observed the mop sink had a large gap between the mop sink and the wall, allowing water to splash out of the mop sink and then run down the wall and accumulate on the floor.On 02/10/2026 at 3:00PM, observed in the shower room on 100 hall, the shower surround had peeling and chipping paint on tiles. During this observation, MD S stated the facility is in the beginning work order process of renovating the shower room to include removal and replacement of tile. On 02/10/2026 at 3:15PM, observed in shower room on the west hallway, paint peeling in strips from the painted tiling in the shower area. |

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| F 0676<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide an effective way to communicate for 1(R52) of one resident reviewed for communication.Findings include:Resident #52 (R52)Review of a Face Sheet revealed R52 admitted to the facility on [DATE] and her preferred language was Castilian Spanish. During an observation and an interview on 2/9/26 at 11:07 AM, R52 was lying on her bed receiving intravenous therapy. R52 was asked some questions but responded in a different language. With verbal gestures and hand signaling, she indicated she could not speak English. At this time, she reached for a handheld device in her drawer and tried to turn it on. The window of the device indicated it needed a Wi-Fi connection and R52 did not know how to use this device at this time. During an interview on 2/9/26 at 11:39 AM, Licensed Practical Nurse (LPN) C reported R52 could speak a little English but is fluent in Spanish. The facility utilizes a telephone translator service and LPN C reported R52 can speak a few words, but the facility also has staff who are fluent in the Spanish language too. During an interview on 2/10/26 at 8:43 AM, Certified Nursing Assistant (CNA) K reported she was caring for R52 this day and does not speak any Spanish. CNA K reported R52 can gesture with her hands to indicate the need for a pain pill. CNA K reported R52 has a phone that she can communicate for translation through her family members. CNA K reported there were no other ways of communicating basic needs of R52 and was not aware of any communication boards. During an interview on 2/10/26 at 9:22 AM, CNA L reported she can speak in the Spanish language but is assigned to another hall for resident care. R52 had another CNA this day who could not speak in Spanish. Upon entering R52's room for an interview through CNA L translating, R52 reported she does have her own personal communication device in her drawer and pulled it out. R52 reported she could not figure out how to connect it to the Wi-Fi or how to use it but thought she had since figured it out and was now working. When asked if her needs are being met, R52 reported staff are not always able to communicate with her. R52 reported she had had some of her laundry in the closet that needed to be cleaned but was not able to convey that to the staff. When asked about using a communication board to point to things that would be easy to address like toileting, pain, and laundry, R52 said that would be nice. At this time R52 had some pain and was able to rate her chronic pain at a 7/10 scale. Review of the Activities Care Plan intervention dated 1/27/26 for R52 revealed: Possible need for staff to repeat/reword conversation to enable resident to understand and follow conversations. Possible language barrier. No other Care Plan Problem or Approach to address R52's primary language of Spanish.In an interview on 2/11/26 at 9:06 AM, the Director of Nursing (DON) reported there is an interpreter service phone number located at the nursing station and R52 has a phone in her room. If staff need to communicate with R52, they can call and get assistance. The DON was not aware of any communication board available to convey simple needs or a pain scale residents could point to. |

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| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide care and assistance to perform activities of daily living for any resident who is unable.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and record review, the facility failed to provide routine hand hygiene for two (Resident #43 and Resident #2) of three residents reviewed. Findings: Resident #43 (R43)Review of a Face Sheet revealed R43 was a [AGE] year-old female, last readmitted to the facility on [DATE], with pertinent diagnoses of a recent stroke that caused right sided facial, arm, and leg weakness and paralysis and difficulty speaking. R43 was dependent on a staff person for all hygiene and activities of daily living. During an observation on 02/09/26 at 10:07 AM, R43's fingernails had a thick brownish substance under them. During an observation on 02/10/26 at 9:11 AM, R43's fingernails had the thick brownish substance still under them. Resident #2 (R2)Review of a Face Sheet revealed R2 was a [AGE] year-old male, last admitted to the facility on [DATE], with pertinent diagnoses of a stroke that caused difficulty speaking and right sided weakness and paralysis. R2 depended on staff for his personal care and hygiene. During an observation on 02/11/26 at 3:25 PM, a dark substance coated R2's fingernails. R2 was asked if staff clean his hands prior to each meal and R2 responded no. |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident?s preferences and goals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure safe and proper positioning was maintained for one (Resident #43) of three residents reviewed for quality of care. Findings:Resident #43 (R43) Review of a Face Sheet revealed R43 was a [AGE] year-old female, last admitted back to the facility on [DATE], with pertinent diagnoses of a stroke that caused right sided facial, arm, and leg weakness and paralysis. R43 required assistance from two staff persons to move and reposition in the bed. During an observation on 02/09/26 at 10:07 AM, Licensed Practical Nurse (LPN) F entered R43's room and raised the head of the bed (HOB) to administer medications. R43 slid down in the bed when the HOB was raised. LPN F did not check R43's position in the bed before leaving the room. During the same observation, R43's feet pressed against the footboard. During an observation and interview on 02/09/26 at 10:56 AM, R43's feet pressed against the footboard. R43 stated no she could not move her legs and feet and yes her feet hurt when pushed up against the footboard. During an observation on 02/10/26 at 9:11 AM, R43 laid in bed with the HOB elevated. R43's right foot pressed against the footboard and the black electrical cord for the mattress laid between the footboard and R43's left foot. R43 stated yes her feet hurt in that position. |

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| F 0756<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure it received, acted upon and maintained, a record of a pharmacy report after a pharmacist Medication Regimen Review (MRR) for one resident (R1) out of 5 residents reviewed for high-risk medications. Findings Include:Review of a facility Face Sheet reflected R1 admitted to the facility on [DATE] with diagnoses that included type 2 diabetes, bipolar disorder, atrial fibrillation, chronic obstructive pulmonary disease (COPD), seizure disorder, high blood pressure, weakness and anemia (too few red blood cells). Review of a Pharmacist Drug Regimen Review dated 1/20/2026 reflected the pharmacist had recommendations based on the review as evidenced by a notation Please take the following action described below. The space below the request for action Please take the following actions: See report. Review of the Documents tab in the Electronic Medical Record (EMR) did not reveal any pharmacy records. During an interview on 2/11/2026 at 3:46 PM, the Assistant Director of Nursing (ADON) Q reported the pharmacy report/review for R1 could not be located and the facility did not know what medication the pharmacist requested action on. Review of a facility policy Medication Regimen Review (MRR) last revised 6/01/2024 reflected 1. The consultant pharmacist will conduct MRRs if required under a Pharmacy Consultant Agreement and will make recommendations based on the information made available in the resident's health record. The policy specifies The consultant pharmacist will provide the resident's MRRs to facility identified personnel who will ensure that the attending physician, medical director, director of nursing and other necessary facility staff receive the recommendations. Facility should encourage physician/prescriber or other responsible parties receiving the MRR and the director of nursing to act upon the recommendations contained in the MRR. The facility should maintain readily available copies of the consultant pharmacist reports on file in the facility and as part of the resident's permanent health record. |

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| F 0881<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Implement a program that monitors antibiotic use.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement antibiotic use protocols for two (Resident #43 and Resident #19) of four residents reviewed for antibiotic stewardship. Findings:R19Review of a Face Sheet reflected R19 admitted to the facility with diagnoses that included vascular dementia and chronic kidney disease.<br><br>Review of a Resident Progress Note dated 10/3/2025 reflected R19 was sent to the hospital at the request of family for eye redness and cough with phlegm.<br><br>Review of a Resident Progress Note dated 10/3/2025 at 9:11 PM reflected R19 returned from the hospital with an order for Keflex (an antibiotic) for a urinary tract infection and an antibiotic ointment for eyes. Another progress note documented minutes later reflected the facility provider changed the antibiotic order to Doxycycline 100 mg (milligrams) BID (twice a day) for 5 days.<br><br>Review of Resident Progress Notes from 10/01/2025 – 10/06/2025 did not reflect any indication of signs or symptoms of a urinary tract infection.<br><br>Review of a Medical Decision Making note in the hospital record dated 10/03/2025 reflected R19 denies any urinary symptoms.<br><br>Review of a hospital records from R19's visit to the Emergency Department (ED) on 10/03/2025 reflected a urinalysis was completed and a culture was obtained and reported 10/6/2026 which indicated R19 tested positive for greater than 100,000 CFU/mL Enterococcus faecalis (a bacteria). However, the reported indicated A positive urine culture alone is not indicative of infection; diagnosis and treatment of a urinary tract infection REQUIRES (emphasis included in record) urinary symptoms (i.e. dysuria, urgency, fever) unless patients are pregnant or undergoing urologic procedures.<br><br>During an interview on 2/12/2026 at 9:59 AM, the Director of Nursing (DON) reported she was responsible for the Infection Control Program at the facility. The DON reported R19 met McGeer's Criteria (standardized surveillance definitions used to identify, monitor, and report infections in long-term care facilities. They define specific clinical signs, symptoms, and laboratory findings for common infections to distinguish true infections from colonization.) as evidenced by a fever and urgency/frequency of urination.<br><br>Review of an Infection Control Check List (antibiotics) for the month of October 2025 reflected R19 was ordered Doxycycline to start on 10/3/2025 and end on 10/10/2025 (despite the order noted in the progress note indicating the antibiotic was to be given for 5 days, not 7). The form indicated R19 met McGeer's Criteria as evidenced by YES noted in the row on the checklist pertaining to McGeer's.<br><br>Review of Vital Signs temperature log for the month of October 2025 did not reflect R19 ever had a fever.<br><br>During the interview on 2/12/2026 at 9:59 AM, the DON said that R19 had urinary urgency and frequency at baseline (meaning this was normal for R19) and could not explain how she determined R19 ever had a fever. The DON could not explain why the antibiotic was discontinued three days after initiation if R19 did meet McGeer's criteria.<br>(continued on next page) |

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| F 0881<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Review of a Resident Progress Note dated 10/6/2025 reflected (name of hospital) called, they have the results back from (R19's) urine culture and they would like the ABT (antibiotic) discontinued. (R19) has not had any urinary infection symptoms and is afebrile (without a fever). Call to DPOA (Durable Power of Attorney).<br><br>Resident #43 (R43)<br><br>Review of a Face Sheet revealed R43 was a [AGE] year-old female, last admitted back to the facility on [DATE], with pertinent diagnoses of urinary tract infection and a stroke that caused right sided facial, arm, and leg weakness and paralysis.<br><br>Review of Progress Notes revealed R43 was sent to the emergency room on [DATE] and was treated for a UTI (urinary tract infection) with a C&S (culture and sensitivity) pending. R43 returned back to the facility with an order for the antibiotic Cefuroxime (Cefin) 500 mg (milligrams) one tab twice daily for 5 days. R43 received the first dose of Ceftin on 01/29/26.<br><br>Review of a Lab Report for R43 dated 01/29/26 revealed no bacterial growth on the culture.<br><br>During an interview on 02/12/26 at 9:00 AM, the ICP (Infection Control Preventionist) indicated that the completed C&S was not obtained and reviewed by the facility on 01/29/26 and if it had been, the antibiotic that R43 was prescribed would have been discontinued due to no indication for its use.<br><br>Review of the facility policy Antibiotic Stewardship Program revealed .The program includes antibiotic use protocols and a system to monitor antibiotic use .Monitoring Antibiotic Use (1) monitor responses to antibiotic use, and laboratory results when available, to determine if the antibiotic is still indicated .(3) Antibiotic orders obtained from emergency providers shall be reviewed for appropriateness. |